



Minutes
Continuum Development Sub-Committee
Program Design
November 8, 2005

The meeting began at 10:00 a.m. and was held at the Gordon Persons Building West Conference Room. Provider representatives present were Lynne Rogers – Alliance, Emma Stacey Peeples – Safety Net Academy, Felicia Walker – Presbyterian Children’s Home, and Jim Byrum – UMCH Selma. Attending from DHR were Glenda Peters – Office of Child Welfare Consultation, Shirley Scanlan – Office of Child Protective Services, Gary Mitchell – Office of Resource Management, Reba Cantrell – Family Services Administrator, Linda Stephens – Utilization Review, Jennifer Lindsay – Marshall County DHR, and Darnell Sharperson – Madison County DHR.

Glenda Peters opened the meeting by welcoming everyone. A sign-in sheet was passed around to record who was in attendance. She explained because we wanted providers, who might be interested in participating in the RFP process on these work groups it is necessary to tape record all sub-committee meetings so the information can be available to other providers who are not work group members. The recommendations from this committee will be posted on the web site and no copies of minutes may be given to participants. All questions must be submitted by e-mail to Starr Stewart via e-mail at ssstewart@dhr.state.al.us. All answers will be posted on the web site. The recommendations from this committee will be considered by DHR in developing our continuum program.

Background information on continuums was discussed. The main goal of continuums is to achieve permanency for children as quickly as possible. Mrs. Peters stated this may not be the only sub-committee meeting that takes place for Program Design.

An agenda/outline handout with “Questions to be Addressed” was passed out and discussed for input.

What about “specialized continuums”?

Proposals have been made to explore specialized continuums like Medically Fragile.



- Certain populations have been recommended to be excluded in the continuum. These populations are medically fragile, sexually predators, and MR/DD.
- Gary Mitchell pointed out that this would be a continuum for children who probably would never to return home.
- Main goal of continuum is permanency.
- The following concerns were shared regarding sexual predators: what exactly classifies as a sexual predator, if a child completes sexual offender treatment will they be eligible for continuum, if looking at Axis I Diagnosis sexual offenders could be included.
- IQ Range MR/DD (45 or below) – no continuum
- MAT will be used to determine level of need with continuum.
- Point of entry – TFC or higher.
- Main funding source for providers will be to find a child permanency. Cost of two kids in same family, would that be two referrals?
- Providers (payment) – ways to get children into in-home services and out of deep-end.

The group recommended “no” – not enough population to have specialized continuums. Continuum should include children in the mild MR range.

“Where does the Alabama continuum begin?”

Proposals have been made that children and their families would enter the continuum at the therapeutic foster care level.

The group recommended that the continuum should begin at the point when the child is going to be removed from the home and at risk of entering care.

“How would the referral protocol look”

Proposals have been made that if recommended by the ISP team, a concurrence should come from SDHR.

Recommendations:

- Good psychological to any level of care needing DSM-IV Diagnosis within the past year.
- ISP team must respond quickly.
- County and providers must have good communication.
- Any change in placement – ISP team meeting required. Child Step-up (face-to-face meeting) and Child Step-down (phone conference).
- ISP Review meeting every 3 months – must have current information.



- Require status change report when child is moved so DHR worker knows status quickly for ISP.
- If child is moved, ISP must be done within 72 hours.

“When would in home services begin?”

Recommendation:

- When child is at risk to coming into care.

“When would in home services end?”

Recommendation

- When permanency goal is met.
- Up to 4 months for continuum to continue after permanency with 2-month (60-day) extension.

“If one child is in a continuum and other siblings are in their own home and need services who provides services to the family?”

Recommendation:

- DHR pays for services for family member with child in continuum.

“Can continuums be a conglomerate of providers with one provider responsible/in-charge or should there be one provider who has all needed services?”

- It was decided yes continuums can be a conglomerate of providers as long as one provider is responsible/in-charge.

“What should the length of stay be to achieve permanency?”

- 15 months to achieve permanency. 3 – 6 months for each level.
- Make sure family is ready and child is ready to return home.
- Have permanency plan and a strong concurrent plan (back up).

The meeting was adjourned at 12:00 P.M.

Minutes taken by Kelly Gilliland

Submitted by
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